



Alcimedes

The barbaric practice of Female Genital Mutilation (FGM) has found itself at the fore in recent months. The NSPCC launched an FGM Helpline in June 2013,¹ an intercollegiate report (including the RCOG, the RCN and the CPS) made nine recommendations into how FGM should be addressed,² and now the Department of Health has announced that by April 2014, hospitals will be able to record whether FGM has been conducted or suspected, either currently or historically.³ Moreover, such recordings will be mandatory by Sept 2014, with monthly records being submitted to the Dept. of Health for collation.

Despite the practice of FGM having been illegal in the UK since 1985, under the Prohibition of Female Circumcision Act (1985), it is believed to be widely performed with approximately 66,000 females in the UK having been “cut” for supposed cultural reasons.

How this proposed collection of data will affect practice remains to be seen, and why tradition seems to have trumped the victims’ cries of pain is not clear. Shouts of discrimination against minority cultures and practices are almost inevitable but these will hopefully be drowned out by demands for an end to this pointless and painful procedure.

As a result of the July 2013 ruling in the Grand Chamber of the European Court of Human Rights that mandatory life sentences are a breach of Article 3 of the European Convention on Human Rights, the UK Government is apparently mooting the idea of offering 100 year sentences as a valid alternative.⁴ This would effectively mean that “life means life” but would also allow re-examination of prison sentences on a regular basis after the initial review at 25 years. Home Office Minister Damian Green is leading a committee that is looking into how best to respond to the European Court’s ruling.

Interestingly, it is worth bearing in mind that the longest term spent in prison (certainly in recent years) is that of the American murderer Paul Geidel, who served 68 years inside after being convicted of second-degree murder in 1911. He had been working as a bell-boy in a New York hotel and murdered a wealthy guest, stealing a few dollars in the process.⁵

Offering 100 year sentences is therefore likely to cover most situations.

A highly-critical independent report from April 2013 into the working of a leading Sexual Assault Referral Centre (SARC) in London, was published in late December 2013 as a result of a Freedom of Information (FOI) request.⁶ Internal concerns had been raised and investigated at the Whitechapel Haven between January–April 2012, relating to daily practice. In particular, there were worries regarding non-police forensic samples not being sent off for analysis.

A total of nine recommendations was made at the time, with an independent report then being commissioned by NHS London in July 2012 to ensure that the recommendations had been implemented. It was this report, published in April 2013, that was only seen in public in December 2013.

As a result of the report, the running of the service was transferred from Barts Health NHS Trust to King’s College Hospital NHS Foundation Trust in April 2013. Secrecy surrounding the release of the report to the public will inevitably rouse suspicion in what is already a highly-emotive area of clinical practice. Especially since the report was only released as a result of investigative journalism.

Such scrutiny must be highly stressful for those who find their practice being dissected under a microscope. For the rest of us who are fortunate enough to be on the outside looking in, this type of report allows us to scrutinise our own daily activities and to appreciate that “standard practice” does not always equate with “good practice.” It also grants us the opportunity to ponder such well-worn clichés as “There but for the grace of God go I” and “The tip of the iceberg.”

With a worldwide shortage of effective execution drugs, state executors seem to be taking it on themselves to try new cocktails to annihilate their ill-fated prisoners on death row. This has been highlighted in Ohio, where the recent execution of convicted killer Dennis McGuire with midazolam and hydromorphone caused him to gag, gasp and convulse over a 26 min period. His daughter was in the crowd of onlookers who watched his final moments.⁷

McGuire had been convicted in 1989 of the rape and murder of a young woman, Joy Stewart, in Western Ohio. McGuire had confessed to the killing in a written declaration a month before his fatal injections. The rights and wrongs of capital punishment aside, there is little doubt that his execution must have made for grim viewing. Interestingly, the state of Ohio’s initial reports have claimed that the procedure worked very well.

Most of us will be familiar with the minor discomfort of having a “wedgie.” The embarrassment of dislodging the offending clothing can be amusing to watch, but isn’t much fun if you’re the one with the problem. There’s no two ways about it: someone’s bound to notice your awkward grimace, buttock-shuffling and hand movements. Baggy undies may give a sense of freedom but are a major risk factor and should be avoided unless your favourite Spandex trolleys are in the wash. Let’s be honest: the natal cleft is badly designed, so we should just resign ourselves to the wedgie as being one of the downsides of daily life.

It appears that variations on the wedgie theme are available from all good retailers. The “hanging wedgie” is when your “friends” pull your underpants as high as possible and then

suspend you from a door handle. If a flash mob appears from nowhere and takes turn to lift up your pants, then you've just been "gang wedgied."

However, it seems that the world of the wedgie has now taken a more sinister turn along the perineal road. The "atomic wedgie" has made headlines and is much more menacing. In this manoeuvre, the underpants are pulled up high and over the owner's head, a movement that requires a fair degree of force and a great deal of genital discomfort for the victim. More seriously, however, the elastic acts as a ligature around the neck and can strangle the victim. Such a fate recently befell Mr Denver St Clair of Oklahoma, USA, who had landed himself in a drunken argument with his stepson, Brad Davis.⁸ Mr St Clair was found fatally injured with head injuries and misplaced underpants. Unsurprisingly, the case attracted widespread attention and was widely reported as being the first documented fatality from an atomic wedgie.

Pranksters beware. The bottom line is that the atomic wedgie is no joking matter.

However, just as the ink was drying on Mr Cameron's "Things to do" list, the Court of Appeal waded in to add their tuppence worth by decreeing that whole life sentences were still legal and not in breach of the Human Rights Act.⁹ This therefore means that British

judges can still impose whole life tariffs, despite the European ruling.

References

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